City of Garland Code Compliance Public Information Request Form

Requesto	or Information:				
Name: Mailing	Address:				
	Number (optional): Email (optional):				
that the O	City of Garland Code	e Compliance De ssion: (Please d	partment pro- escribe the re	vide me with a quested mater	rmation Act), I request a copy of the following ial with as much detail c.)
responding the provi	ng to this request and	I that I will be legarity Information Ac	gally responsi ct. I further	ble for such co understand th	ocurred by the City in osts in accordance with nat a response will be 0 business days.
I further	request that the Depa	rtment's respons	e be sent to n	ne by: (Please	check one)
o M	Iail (I agree to pay ne	ecessary postage))		
o F	ax (Fax number:)	
	mail: (Email address				
o P	ick-Up (Number to c	all when ready:_)
0					
The abov	re information was su	ipplied this	day of		, 20 .
		Copies provided	d at \$.10 each	= \$	
Signatur	e:				
Date [,]					